



SOUTHEAST TEXAS APPLIED  
FORENSIC SCIENCE FACILITY  
SAM HOUSTON STATE UNIVERSITY



BODY DONATION RELEASE FORM  
SURVIVING SPOUSE/NEXT OF KIN/EXECUTOR/PHYSICIAN

I, \_\_\_\_\_, the surviving spouse/ next of kin/ executor/ physician (circle one) do hereby dispose of and give the human remains of \_\_\_\_\_, my \_\_\_\_\_ (relationship) , to Sam Houston State University, for the use by the Southeast Texas Applied Forensic Science Facility, or its designee, for educational and research purposes.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, in the year of 20\_\_\_\_\_, at \_\_\_\_\_am/pm (circle one). (month)

\_\_\_\_\_  
Surviving spouse/ next of kin/ executor/ physician's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\*\*\*\*\*  
On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of 20\_\_\_\_\_

\_\_\_\_\_  
(Surviving spouse/ next of kin/ executor/ physician's Name)  
Document in our presence and we, as attesting witnesses, and in his/her presence and in the presence of each other have also signed this document.

**WITNESSES:**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_